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## BIB DATA SHEET

CONFIRMATION NO. 7647

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/596,535	06/15/2006 RULE	433	3776	0032.0007US1	
<b>APPLICANTS</b> Andrei V. Belikov, St. Petersburg, RUSSIAN FEDERATION; Gregory Altshuler, Lincoln, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/34606 09/29/2005 which claims benefit of 60/614,183 09/29/2004 <del>and claims benefit of 60/661,690 05/17/2005</del> /MMN/ * and claims benefit of 60/702,460 07/25/2005 (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> NONE /MMN/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> * SMALL ENTITY ** 03/13/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MATTHEW M NELSON/ Acknowledged Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR            COUNTRY</b> RUSSIAN FEDERATION	<b>SHEETS            DRAWINGS</b> 15	<b>TOTAL            CLAIMS</b> 61	<b>INDEPENDENT            CLAIMS</b> 18
<b>ADDRESS</b> HOUSTON ELISEEVA 420 BEDFORD ST SUITE 155 LEXINGTON, MA 02420 UNITED STATES					
<b>TITLE</b> Method and apparatus for tooth rejuvenation and hard tissue modification					
<b>FILING FEE            RECEIVED</b> 3205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		